

# STATE HEALTH BENEFITS PROGRAM

## STATE EMPLOYER RETIRED GROUP RATES EFFECTIVE JANUARY 1, 2004

Listed below are monthly group rates for members who retired from a State employer. If you are obligated to pay for your coverage, below are the amounts associated with each plan type.

HEALTH PLAN	SINGLE		MEMBER & SPOUSE			FAMILY			PARENT & CHILD	
	No Medicare	With Medicare	No Medicare	One on Medicare	Both On Medicare	No Medicare	One on Medicare	Both On Medicare	No Medicare	With Medicare
TRADITIONAL	\$637.04	\$376.21	\$1,363.53	\$976.97	\$752.44	\$1,622.84	\$1,221.56	\$996.97	\$940.99	\$620.86
NJ PLUS	\$570.07	\$370.01	\$1,242.54	\$940.08	\$739.93	\$1,478.97	\$1,176.43	\$976.31	\$857.62	\$606.36
#19 AETNA	\$379.29	\$355.62	\$821.92	\$745.64	\$711.28	\$927.10	\$893.94	\$859.58	\$523.66	\$503.92
#20 CIGNA HEALTHCARE	\$425.58	\$355.62	\$914.06	\$781.21	\$711.28	\$1,053.37	\$952.23	\$882.30	\$596.69	\$526.64
#28 OXFORD	\$349.87	\$330.21	\$769.60	\$678.43	\$660.46	\$909.55	\$794.58	\$850.22	\$524.78	\$548.66
#33 AMERIHEALTH	\$412.98	\$364.84	\$918.78	\$777.83	\$729.72	\$1,070.00	\$974.35	\$926.24	\$609.59	\$561.36
#34 HEALTH NET	\$424.50	\$355.62	\$924.73	\$780.13	\$711.28	\$1,122.56	\$1,006.77	\$937.91	\$651.23	\$582.25

**Note: State employees hired on or after July 1, 2003 who are prohibited from participation in the Traditional plan as an active employee will not be eligible to select the the Traditional plan upon retirement.**

Aug-03